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Ad Hoc Inter-Agency Task Force on Tobacco Control

Report of the Secretary-General

Summary

The present report responds to Economic and Social Council resolution 1999/56 of 30 July 1999 on tobacco or health, in which the Council, *inter alia*, requested the Secretary-General to report to the Council at its substantive session of 2000 on progress made by the Ad Hoc Inter-Agency Task Force on Tobacco Control in the implementation of multisectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives.

At present, there are an estimated 4.0 million deaths per year caused by tobacco, and the figure is expected to rise to about 10 million in 2030. Based on current smoking trends, it is predicted that tobacco will be the leading cause of disease burden by the 2020s, resulting in about 1 in 8 deaths, a proportion greater than from any other single cause. Of these deaths, 70 per cent will occur in developing countries, where cigarette smoking was once rare. The risk of premature death due to tobacco is very high: half of all long-term smokers will eventually be killed by tobacco, and of these, half will die during the productive middle age, losing from 20 to 25 years of life.

Most people begin using tobacco before age 18. Recent trends indicate rising smoking prevalence rates among children and adolescents and an earlier age of initiation. If these patterns continue, tobacco use will result in the deaths of about 250 million children and adolescents alive today, with the majority of these young smokers residing in developing countries.

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World tobacco leaves production increased steadily during the 1970s and 1980s and stabilized in the 1990s. World production increased from 4.7 million metric tons in 1970 to 7.13 million in 1990. In 1999, total world production was 7.09 million tons. In the early 1990s, an estimated 1.1 billion individuals used tobacco worldwide. This figure had increased to almost 1.25 billion by 1998 where an estimated 49 per cent of the world adult male population, and 12 per cent of the world female population used tobacco. Assuming no change in global prevalence, the global number of smokers is expected to reach 1.69 billion in the year 2020.

With regard to the social context of tobacco use and addiction, recent studies have clearly demonstrated that the tobacco epidemic shows a significant socio-economic gradient and, increasingly, tobacco use clusters in lower socio-economic groups. The World Bank report entitled *Curbing the Epidemic: Governments and the Economics of Tobacco* provides a comprehensive economic analysis that supports multisectoral, cost-effective interventions aimed at stemming the tobacco epidemic. The World Bank study also concludes that, since demand reduction strategies will likely result in gradual medium- and long-term reductions in demand for tobacco products, the effects on employment and farmers will be manifested decades into the future. However, although changes in demand will occur gradually, over several decades, it is important to examine closely their potential economic impact in order to allow for the implementation of effective country-specific adjustment policies, especially in those developing countries that are most dependent on the cultivation of tobacco. Policies to aid adjustment in such circumstances, as well as to alleviate economic hardships among the poorest farmers, are important.

Since the Ad Hoc Inter-Agency Task Force on Tobacco Control was established in 1999, new inter-agency partnerships focusing on the economics of tobacco control, and supply and production issues, have been initiated. A range of priority areas for future inter-agency collaboration have been identified during the initial two sessions of the Task Force. Moreover, the negotiation of the framework convention on tobacco control will require increased collaboration among United Nations organizations to provide technical support for the development and eventual implementation of the proposed convention and its related protocols. However, in order to adequately address these goals in the future, and to deepen inter-agency collaboration for tobacco control, increased support from all partners, as well as the mobilization of additional resources, will be required.

The United Nations resident coordinator system could play an invaluable role in enhancing global tobacco control activities at the country level. This report proposes that the resident coordinator system could facilitate inter-agency and multisectoral collaboration at country level on tobacco or health matters.

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I. Origins of the Ad Hoc Inter-Agency Task Force on Tobacco Control

1. It will be recalled that, in its resolution 1993/79 of 30 July 1993, the Economic and Social Council, *inter alia*, requested the Secretary-General to establish, under the auspices of the World Health Organization (WHO) and within existing resources, a focal point among existing institutions of the United Nations system on the subject of multisectoral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use. Accordingly, the Secretary-General established in 1993, within the United Nations Conference on Trade and Development (UNCTAD), the focal point responsibility on the subject.

2. Between 1993 and 1998, the United Nations system focal point on tobacco or health submitted three reports of the Secretary-General to the Economic and Social Council, at its substantive sessions of 1994, 1995 and 1997 (E/1994/83, E/1995/67 and Add.1, and E/1997/62). These reports, which presented detailed information on progress made at the national, regional and interregional levels in the development of tobacco control policies, were appreciated by Governments, and intergovernmental and non-governmental organizations, which reflected their views in Council resolutions, including the last Council resolution 1999/56 of 30 July 1999 on tobacco or health.

3. In 1998, at the request of the Director-General of WHO, and following an agreement between the Director-General and the Secretary-General of UNCTAD, the Secretary-General of the United Nations, in order to intensify a joint United Nations response and to galvanize global support for tobacco control, agreed to the designation of an Ad Hoc Inter-Agency Task Force on Tobacco Control (hereinafter referred to as the Task Force), under the leadership of WHO, thereby replacing the focal point arrangement located at UNCTAD. The establishment of this new Task Force was endorsed by the Organizational Committee of the Administrative Committee on Coordination (ACC), at part II of its first regular session of 1999 held in Geneva on 12 and 13 April 1999 (see ACC/1999/2, sect. VII).

4. The present report responds to Economic and Social Council resolution 1999/56 on tobacco or health. In that resolution, the Council, recognizing the initiatives taken within the United Nations system, other international organizations and Member States to address the issue of tobacco or health, expressing concern that tobacco control had yet to reverse the negative trends in terms of the death toll from tobacco, and acknowledging the recent initiatives within the United Nations system to intensify a system-wide response to tobacco control through the establishment of an Ad Hoc Inter-Agency Task Force on Tobacco Control and the support of the Secretary-General for that initiative, requested the Secretary-General to report to the Council at its substantive session of 2000 on progress made by the Task Force in the implementation of multisectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives.

5. The first session of the Task Force was convened at the United Nations Children's Fund (UNICEF), New York, 29 and 30 September 1999; 13 United Nations organizations, the World Bank and the International Monetary Fund (IMF) attended the first session of the Task Force. The objectives of the first session were as follows:

- To outline current and future actions of ACC members in respect of tobacco control in general;
- To develop an operational approach that would ensure that one United Nations voice was heard throughout the framework convention on tobacco control process. This approach should build on the strengths and experience of other United Nations agencies/programmes and the United Nations/Economic and Social Council.

6. The second session of the Task Force was convened at the Food and Agriculture Organization of the United Nations (FAO) headquarters, Rome, 7 March 2000; 10 United Nations organizations, the World Bank and the World Trade Organization participated in the second session. The principal objective of the second session was to consider specific strategies and projects for strengthening and extending inter-agency collaboration among the Task Force member organizations.

II. Overview of the public-health, economic and social implications of the global tobacco epidemic

A. Public-health context

7. In the early 1990s, an estimated 1.1 billion individuals used tobacco worldwide. This figure had increased to almost 1.25 billion by 1998, and assuming no change in global prevalence, the global number of smokers is expected to reach 1.69 billion in the year 2020. Most people begin using tobacco before age 18. Recent trends indicate rising prevalence rates among children and adolescents and an earlier age of initiation. If these patterns continue, tobacco use will result in the deaths of about 250 million children and adolescents alive today, with the majority of these young smokers residing in developing countries.

8. At present an estimated 4.0 million deaths per year are caused by tobacco, and the figure is expected to rise to about 10 million in 2030. Based on current smoking trends, it is predicted that tobacco will be the leading cause of disease burden by the 2020s, resulting in about 1 in 8 deaths, a proportion greater than from any other single cause. Of these deaths, 70 per cent will occur in developing countries, where cigarette smoking was once rare. The tobacco epidemic, like epidemics due to communicable diseases, is characterized by a known exposure, a time lag and pathology. The epidemiological curves look the same as those for communicable diseases, but they are more attenuated.

9. Tobacco-related diseases are the single most important cause of preventable deaths in the world. Smoking is, for example, the cause of 25 major categories of fatal and disabling disease, including lung and other cancers, ischaemic heart disease and chronic respiratory diseases. Epidemiological studies indicate that maternal smoking accounts for the majority of sudden infant death syndrome (SIDS) cases. Among post-menopausal women, current smokers have lower bone density than non-smokers and they have an increased risk of hip fracture. The risk of premature death due to tobacco is very high: half of all long-term smokers will eventually be killed by tobacco, and of these, half will die during the productive middle age, losing 20 to 25 years of life.

10. Newer studies have reported massive impacts of tobacco on adult mortality in China and India. In these studies, the range of outcomes attributable to tobacco has included cancers, and heart and lung disease, categories previously described only in developed countries. In addition, recent studies have pointed to the importance of tobacco as an important cause of tuberculosis death: recent epidemiological studies in China show a significant increase in the risk of contracting tuberculosis. In different regions of the world, the tobacco epidemic has taken on different profiles. In India, the widespread use of bidis (cheap cigarettes made using unprocessed tobacco) is associated with a very high rate of oral cancer.

11. Moreover, tobacco use among women, particularly young women, is increasing worldwide. In the late 1990s, about 12 per cent of women in the world above 18 years of age smoked as compared with 49 per cent of men above 18 years of age, but rates for women are rising in many parts of the world. In the regions of North America and Europe, the prevalence of smoking among women is over 20 per cent but in countries such as Denmark, the Czech Republic, Fiji, Israel, Norway and the Russian Federation, it is as high as 30 per cent. The negative health impact on women's health is apparent in countries such as the United States of America where lung cancer death rates in women have overtaken breast cancer death rates.

12. In preparation for the five-year review and appraisal of the Beijing Platform for Action[1] in the year 2000, a number of Member States have mentioned tobacco and substance abuse in their replies on activities undertaken on behalf of the implementation of the Platform for Action. Some countries report that the number of women smokers is increasing. In Denmark, lung cancer is expected to become more common among that female population because of an increase in the numbers of women smoking. The increase in lung cancer is believed to be the single most important reason for the current stagnation in the development of the mean life expectancy in Denmark. Hungary reports that more females than males smoke in secondary schools. Several countries have undertaken campaigns and educational activities concerning the negative impact of tobacco and other substance abuse on the health of women, in particular young women (Cameroon, the Congo, the Czech Republic, Denmark, the Islamic Republic of Iran, Madagascar, New Zealand and the United States of America). Finland introduced a tobacco prevention

programme in 1995 and funded projects to combat women's smoking habits.

13. The rising epidemic of tobacco use among women is associated with the onset of the tobacco industry's aggressive marketing. The tactics used in marketing tobacco in the United States and other developed nations now threaten women in the developing world. Selling tobacco products to women, *inter alia*, in the Asian and Pacific countries, currently represents a major product marketing opportunity in the world. Body image, fashion and independence themes abound in marketing strategies and the popular media.

14. Further evidence has extended the range of health problems in adults attributable to passive smoking. These include, for example, pneumococcal pneumonia and stroke. Women and children are most at risk from the effects of passive smoking in their homes. Moreover, the ill effects of passive smoking are apparent in the workplace, in which the majority of the world's workers are not protected from involuntary exposure to tobacco smoke.

B. Economic and social context

15. The World Bank has recently published a major study entitled *Curbing the Epidemic: Governments and the Economics of Tobacco Control*,[2] which compiles and aggregates an extensive economic evidence base to inform tobacco control policies. The report points towards the following three principal market failures:

- First, there is evidence that many smokers are not fully aware of the high risks of disease and premature death that their choice entails. In low- and middle-income countries, many smokers may simply not know about these risks. In China, in 1996, for instance, 61 per cent of smokers questioned thought that tobacco did them "little or no harm";
- Second, smoking is usually started in adolescence or early adulthood. Even when they have been given information, young people do not always have the capacity to use it or make sound decisions. Young people may be less aware than adults of the risk to their health that smoking poses. Most new recruits and would-be-smokers also underestimate the future costs of smoking. Most smokers later regret ever having started and wish they could quit (data on women);
- Third, smoking imposes costs on non-smokers. With some of their costs borne by others, smokers may have an incentive to smoke more than they would if they were bearing all of the costs themselves. There are significant in utero effects from parents' smoking: enhanced risk of low birth weight, sudden infant death syndrome (SIDS) and respiratory and other illnesses. The costs to non-smokers clearly include health damage as well as nuisance and irritation from exposure to environmental tobacco smoke. In addition, smokers may impose financial costs on others. In high-income countries, smoking-related health-care accounts for 6-15 per cent of all annual health-care costs. In low- and middle-income countries, reliable studies in this area have yet to be carried out. While some analysts in high-income countries, have argued that smokers "pay their way" by contributing to public pension schemes and then dying earlier, on average, than non-smokers, this question is irrelevant in the low- and middle-income countries where most smokers live, because public pension coverage in these countries is low. Moreover, the income, welfare and happiness of families can be profoundly harmed by the untimely death of smokers.

16. Economic evidence strongly demonstrates that tax and price increases are the most powerful mechanisms for reducing demand. On average, a price rise of 10 per cent on a pack of cigarettes would be expected to reduce demand for cigarettes by about 4 per cent in high-income countries and by about 8 per cent in low- and middle-income countries, where lower incomes tend to make people more responsive to price changes. Children and adolescents are more responsive to price rises than older adults, so this intervention would have a significant impact on them. Models prepared for the World Bank report demonstrated that tax increases that raised the real price of cigarettes by 10 per cent would cause 40 million smokers alive in 1995 to quit, and prevent a minimum of 10 million tobacco-related deaths. Tax increases represent a win-win situation: in all studies examined, tax increases on tobacco products have resulted in net increases in national tax revenue. Economic data also show that non-price measures, including advertising bans and

counter-advertising and nicotine replacement and other cessation therapies, represent effective demand reduction strategies.

17. Economic analysis also demonstrates the benefits of controls on smuggling as an effective supply-side intervention. An estimated 355 billion cigarettes, or about 30 per cent of internationally exported cigarettes, are smuggled each year; this represents a huge drain on national revenues due to lost taxes, and a substantial level of criminal activity. While interventions to reduce demand are likely to succeed, measures to reduce supply (other than controls on smuggling) are less promising. This is owing to the fact that, if one supplier is shut down, an alternative supplier gains an incentive to enter the market. Crop substitution is often proposed as a means to reduce the tobacco supply, but there is scarcely any evidence that this occurs: the incentives to grow tobacco are currently much greater than for other crops.

18. World tobacco leaves production increased steadily during the 1970s and 1980s and stabilized in the 1990s. World production increased from 4.7 million metric tons in 1970 to 7.13 million in 1990. In 1999, total world production was 7.09 million tons.

19. With regard to employment losses attributable to tobacco control, the World Bank report suggests that the negative effects of tobacco control on employment have been greatly overstated. Tobacco production represents only a small part of most economies. For all but a very few agrarian economies heavily dependent on tobacco farming, there would be no net loss of jobs, and there might even be job gains, if tobacco consumption fell. This is because money once spent on tobacco would be spent on other goods and services, thereby generating more jobs. Even the handful of tobacco-dependent economies, for example, Zimbabwe and Malawi, will have a market big enough to ensure their jobs for many years to come, even in the face of gradually declining demand. Since demand reductions strategies will likely result in gradual medium- and long-term reductions in demand for tobacco products, the effects on employment and farmers will be manifested decades into the future. Moreover, during the Task Force discussions it was pointed out that land-use and deforestation patterns linked to tobacco production represented another feature of the crop substitution debate that required attention.

20. Although changes in demand will occur gradually over several decades, it is important to examine closely their potential economic impact in order to allow for the implementation of effective country-specific adjustment policies, especially in those developing countries that are most dependent on the cultivation of tobacco. Policies to aid adjustment in such circumstances, as well as to alleviate economic hardships among the poorest farmers, are important. While crop substitution is not an effective way to reduce consumption, it may, in the medium term, be a useful strategy where needed to aid the poorest farmers in transition to other livelihoods, as part of a broader diversification programme. Countries may also wish to consider ways to help other very poor people who depend on tobacco (for example, those who make bidis and clove cigarettes (*kreteks)* by hand) to achieve the transition to other livelihoods, as part of tobacco control measures.

21. It is likely that more short-term job losses will result from efficiency measures and technology shifts in the tobacco industry itself than from demand reduction efforts. As the World Bank notes, "the manufacturing side of the tobacco industry is only a small source of jobs, as it is highly mechanized. In most countries, tobacco manufacturing jobs account for well below 1 per cent of total manufacturing employment". There are a few important exceptions to this pattern, with Indonesia relying on tobacco manufacturing (including people making hand-rolled cigarettes) for about 8 per cent of its total manufacturing employment, and Turkey, Bangladesh, Egypt and the Philippines relying on tobacco manufacturing for between 0.9 and 2 per cent of theirs. On the whole, it is clear that tobacco production represents a small part of most economies.

22. Finally, regarding the social context of tobacco use and addiction, recent studies have clearly demonstrated that the tobacco epidemic shows a significant socio-economic gradient and, increasingly, tobacco use clusters in lower socio-economic groups. In high- and middle-income countries, men in the lowest socio-economic groups are up to twice as likely to die in middle age as men in the highest socio-economic groups, and smoking accounts for at least half their excess risk. The relationship between socio-economic status and tobacco use has been well documented in countries as diverse as Poland, the

United Kingdom of Great Britain and Northern Ireland, India and South Africa.

III. New areas of inter-agency collaboration and prospects for future cooperation

23. The establishment of the Task Force has significantly expanded opportunities for multisectoral collaboration across the United Nations system. Since the establishment of the Task Force, new areas of cooperation have emerged, and prospects for future partnerships exist in a number of areas. The present section provides an account of two main areas of inter-agency work that have been undertaken since the establishment of the Task Force, and a list of possible areas for future cooperation.

A. Inter-agency collaboration focusing on the economics of tobacco (lead agency: World Bank) and prospects for future cooperation

24. The World Bank's work on tobacco control is being conducted in close partnership with the WHO Tobacco Free Initiative, and with other organizations, including the United States Centers for Disease Control and Prevention, Office of Smoking and Health, IMF, the United Nations Foundation, the Food and Agriculture Organization of the United Nations (FAO) and other organizations. Given the World Bank's comparative advantage in economics and policy dialogue, the Bank's efforts are focused on the economics of tobacco control, including taxation, the economic and social impact of tobacco control measures, including the impact on the poor, and the cost-effectiveness of interventions. The following is a partial list of the World Bank's tobacco-related work, which is being carried out in close collaboration with other organizations:

- Disseminating the messages and recommendations in "Curbing the epidemic" through the World Wide Web, television/public service announcements, print translations in 11 languages, journal articles and presentations at regional and country meetings;
- Discussions with economists at the Bank and IMF to secure their help in carrying the dialogue to country level;
- Analyses of the economics of tobacco which are under way in Estonia, Latvia, Indonesia, Turkey, Poland and China, and planned in South Africa, Sri Lanka, Zimbabwe, Venezuela (to be funded by the Pan American Health Organization) and India (to be funded by the WHO Regional Office for South-East Asia);
- Model terms of reference which have been prepared to help guide the work, and for others to use who wish to carry out similar work;
- A tool kit, under preparation, which will provide detailed guidance and assistance to researchers/analysts wishing to conduct economic analysis in their own country;
- Analytic work on the links between poverty and tobacco, using household data sets for several countries, which will commence soon;
- Thus far, 12 Bank-funded projects in 11 countries which have included tobacco control activities, with several more currently under preparation.

B. World tobacco supply, demand and trade by 2010: policy options and adjustment (lead agency: Food and Agriculture Organization of the United Nations (FAO))

25. Since the establishment of the Task Force, FAO and the Swedish International Development Cooperation Agency (Sida) have together contributed US$ 250,000 to fund an inter-agency project that will focus on providing policy makers with quantitative analyses of future developments in tobacco supply, demand and trade under various policy scenarios and the likely impact of changes in demand, supply and other factors on the tobacco economy. The Steering Committee for this project comprises FAO, the International Labour Organization (ILO), WHO, the World Bank, the United States Department of Agriculture (USDA) and the International Development Research Centre (IDRC) of Canada.

26. The objective of this project is to analyse the impacts of various factors and policies on global

tobacco consumption and production. Country case-studies will look at economic growth, employment in both manufacturing and agricultural sectors, household income, government revenue, options to switch away from tobacco production, and the corresponding adjustment processes in specific countries using a general equilibrium framework. This project will also project world tobacco supply, demand and trade by 2010 under various scenarios.

The project will comprise the following three components:

- First, country studies will: collect background information and data for quantitative analysis and provide insight into a country's policies, regulations and developments in tobacco production, consumption and trade. Particular attention will be given to poverty and gender issues. These country studies will provide a sound base from which to analyse and project the future trend of tobacco supply, demand and trade, taking country-specific factors into account. Country studies are planned in Brazil, China, India, Malawi, the former Yugoslav Republic of Macedonia, Turkey and Zimbabwe;
- Second, quantitative analyses will be conducted based on the information from the country studies, and a computable general equilibrium (CGE) model, will be constructed for each country, and used in turn for various policy simulations;
- Third, based on the inputs from country studies and the CGE models, a multinational tobacco model will be constructed and used to simulate global tobacco production, consumption and trade by 2010 under different policy scenarios.

27. These components of the project will be completed in 2001, and this study will provide policy makers, in particular in developing countries, with information on options to implement tobacco control with minimal disturbance to economic growth and employment.

C. Priority themes for future work

28. The principal themes for future work by the Task Force emerging from the first two sessions are the following:

- *Dissemination of Task Force information to country level*: it was concluded that the Task Force should collaborate with the United Nations Development Group (UNDG) and the United Nations Development Programme (UNDP) to disseminate the Task Force's work to the resident coordinator system and to country teams;
- *Employment*: particular interest was expressed by ILO, the World Bank, IMF and WHO regarding the employment effects of tobacco control in developing countries, as it was strongly felt that this work required more attention. ILO areas of concern relate to employment, workplace health issues and the promotion of social dialogue. Regarding the first area, a study on employment trends and conditions in the bidi industry in India, including the effects of tobacco control initiatives, is being finalized with a view to elaborating alternative employment strategies for bidi workers, many of whom are women. It is proposed that a tripartite workshop be held to discuss the results of the study and to come up with strategies for creating sustainable, productive and safe jobs. The second area in which ILO has considerable experience is the promotion of healthy workplaces. Smoke-free workplaces could be an expansion of these activities. Future inter-agency collaboration could focus on these issues;
- *Passive smoking* (also alternatively referred to as environmental tobacco smoke, involuntary smoking, and second-hand smoking) represents the underlying rationale for International Civil Aviation Organization (ICAO) involvement in tobacco control. The United Nations Environment Programme (UNEP) and UNICEF would also be interested in collaborating with WHO on this area of work. ICAO noted that the 1992 resolution of the World Health Assembly had led to an irreversible trend towards smoke-free airlines. It was suggested that WHO's counter-advertising messages should be considered for inclusion in airline magazines, and also that airlines should be encouraged not to advertise tobacco products in their magazines. WHO also suggested that ICAO's work could be integrated into the 2001 World No-Tobacco Day which would focus on passive smoking: in this regard, a possible theme could be "Bring non-smoking down to earth";

- *Framework convention on tobacco control* (see sect. IV below);
- *Risk-taking behaviour*: interest in pursuing this area of work was expressed by the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS), the United Nations International Drug Control Programme (UNDCP), the United Nations Population Fund (UNFPA), UNICEF and WHO;
- *Trade and investment issues*: the implications for tobacco control of global trade liberalization and trade and investment patterns represent an area where WHO could collaborate with FAO, UNCTAD and the World Trade Organization;
- *Women and tobacco*: new work in the area of women and tobacco was reported at the WHO International Conference on Tobacco and Health, Kobe, having for its theme "Making a Difference in Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth", Kobe, Japan, November 1999. The Department of Economic and Social Affairs of the United Nations Secretariat, UNFPA, the United Nations Development Fund for Women (UNIFEM) and WHO would be appropriate partners for carrying this work forward.

IV. World Health Organization (WHO) framework convention on tobacco control

29. On 24 May 1999, the World Health Assembly unanimously adopted resolution WHA52.18 which maps out the political process for negotiation of the framework convention on tobacco control and related protocols. A record 50 countries, including tobacco growers and exporters, expressed support for the framework convention. In resolution WHA52.18 entitled "Towards a WHO Framework Convention on Tobacco Control", two intergovernmental bodies were established as subsidiary bodies of the World Health Assembly: a Working Group on the WHO Framework Convention on Tobacco Control, and an Intergovernmental Negotiating Body. The rationale for the development of the framework convention and possible related protocols derives from a wish to proffer a global complement to national tobacco control actions, and in so doing to encourage a complementarity of actions between countries for tobacco control issues that transcend State boundaries. The underlying objective of the framework convention will be to reduce the morbidity and mortality attributable to tobacco. This represents the first time that WHO has negotiated a convention, and the first time that the public-health community has acted as the locomotive for a convention-building process.

30. During its two meetings (October 1999 and March 2000), the Working Group laid the technical foundation for formal negotiations by the Intergovernmental Negotiating Body, which are scheduled to begin in October 2000. The Working Group, which was open to participation by all member States and regional economic integration organizations, and observers (including other United Nations organizations, the World Bank, IMF and the World Trade Organization), presented its final report to the Fifty-third World Health Assembly in May 2000. During the two meetings of the Working Group, a general consensus was reached in several areas and encompassed the following points:

- The framework convention and its related protocols should focus on demand reduction strategies;
- Evidence-based interventions should be emphasized;
- An incremental, comprehensive approach to negotiating an international legal regime for tobacco was needed. This approach would build on the World Health Assembly's past 16 resolutions, which provided a test of WHO's mandate in different areas including, *inter alia*, bans on advertising, hikes in tobacco taxes, policies to encourage smoke-free workplaces and public places, smoking cessation and a range of other strategies;
- A general architecture for the framework convention was agreed to in principle;
- The importance of taking account of the social, economic and agricultural impacts of tobacco control, especially in developing countries, was emphasized;
- The framework convention required a multisectoral approach that would complement national and local legislation on transboundary

matters and identify responses that required international cooperation, for example, in respect of advertising and sponsorships, and smuggling.

31. Numerous entry points exist for other United Nations organizations to facilitate the technical work related to the framework convention. At the first two sessions of the Task Force, possible areas for inter-agency collaboration on the framework convention were identified as follows:

- Possible provisions on restricting tobacco sales to youth and children, and youth-related surveillance systems, would have direct links to the Convention on the Rights of the Child[3] and the State reporting guidelines thereto;
- In the development of the reporting and monitoring provisions for the convention, the experience of monitoring compliance with the drug control treaties would provide a base for collaboration with UNDCP;
- Possible provisions pertaining to the elimination of smuggling would benefit from institutional linkages with the World Customs Organization;
- Potential provisions pertaining to the protection from exposure to passive smoking in the workplace would complement several ILO conventions focusing on occupational health and safety. In addition, the exploration of alternative livelihoods for workers in the tobacco industry would be of special interest to ILO;
- Possible provisions being considered for inclusion in the framework convention and related protocols would potentially overlap with the World Trade Organization single package of trade agreements,[4] including, *inter alia*, the Agreement on Technical Barriers to Trade Agreement (packaging and labelling), the Agreement on Agriculture (reduction of government support to tobacco production), the General Agreement on Trade in Services (restrictions on advertising) and the General Agreement on Tariffs and Trade (GATT) (taxes, prohibitions and human health-related exceptions to GATT rules). It would be worthwhile to look at the compatibility of the trade measures contained in the multilateral environmental agreements (MEAs) and the World Trade Organization rules, an issue that has been much discussed in the World Trade Organization Committee on Trade and Environment. It was noted that several of the potential inconsistencies between the MEAs and the World Trade Organization rules had arisen in the past as a result of the lack of proper coordination between trade and environment officials at both the national and international levels;
- Proposed provisions focusing on education would benefit from collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO);
- The integration of a gender perspective in the framework convention and its related protocols would present opportunities for partnerships between WHO and the Committee on the Elimination of Discrimination against Women, the Department of Economic and Social Affairs of the United Nations Secretariat and UNFPA;
- Potential obligations protecting the public from the effects of passive smoking would be linked with ICAO's successful strategies;
- Possible national obligations for incorporating tobacco cessation treatments into reproductive health programmes such as the Safe Motherhood Initiative could suggest areas of further collaboration with UNFPA;
- Finally, given its past experience with the United Nations focal point and the recognized need to bring together the United Nations organizations in the development of the framework convention, UNCTAD would be prepared to consider making a contribution thereto in any of its recognized fields of competence.

32. It was agreed that the work of the Task Force provided a platform for initiating technical work that could be channelled directly into the framework convention process.

V. General conclusions, recommendations and other proposed actions

33. Fifteen United Nations organizations, the World Bank, IMF and the World Trade Organization are participating in the Task Force's ongoing work (see

annex). The United Nations Ad Hoc Inter-agency Task Force on Tobacco Control has, in its first year of work, provided an opportunity for useful information-sharing, as well as for extending multisectoral collaboration across the United Nations system to address the tobacco epidemic, which is the cause of a rapidly escalating toll of morbidity and mortality in developing countries. Fifty per cent of tobacco users will eventually die from their habit. Tobacco use and tobacco-attributable diseases affect the poorest and least educated people at significantly higher rates.

34. Since the Task Force was established in 1999, new inter-agency partnerships focusing on the economics of tobacco control, and supply and production issues have been initiated. A range of priority areas for future inter-agency collaboration have been identified during the initial two sessions of the Task Force. Moreover, the negotiation of the framework convention will require increased collaboration within the United Nations to provide technical support for the development and eventual implementation of the proposed convention and its related protocols. However, in order to adequately address these goals in the future, and to deepen inter-agency collaboration for tobacco control, increased support from all partners, as well as the mobilization of additional resources, will be required.

35. The United Nations resident coordinator system could play an invaluable role in the enhancement of global tobacco control activities at the country level. While the Task Force is providing a mechanism for catalysing United Nations system cooperation across a wide range of tobacco-related issues, the resident coordinator system could ensure appropriate follow-up to these emerging global actions at the national level, particularly through programme advocacy and communication of the Task Force's work to national policy makers. Moreover, the resident coordinator system could facilitate inter-agency and multisectoral collaboration at country level on tobacco or health matters.

36. States members of the Economic and Social Council can assist the work of the Task Force by:

- Encouraging multisectoral collaboration on tobacco or health, with particular emphasis on the development of appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives;
- Encouraging the establishment of multisectoral national institutions/commissions to facilitate actions to address the tobacco epidemic in developing countries;
- Facilitating studies focusing on diversification and alternative livelihood options for those countries that are most dependent on tobacco farming and manufacturing;
- Encouraging the dissemination of the Task Force's work to national policy makers;
- Reminding member States, United Nations organizations, major donors, non-governmental organizations and other elements of civil society, including the private sector, of the need for continued support for multisectoral initiatives to address the tobacco epidemic;
- Increasing awareness with regard to WHO efforts to develop and negotiate a framework convention on tobacco control and related protocols focusing on transboundary issues, for example, smuggling.

Notes

[1] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

[2] Washington, D.C., World Bank, 1999.

[3] General Assembly resolution 44/25, annex.

[4] See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

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Annex

List of collaborating organizations

Department of Economic and Social Affairs of the United Nations Secretariat

Food and Agriculture Organization of the United Nations (FAO)

International Civil Aviation Organization (ICAO)

International Labour Organization (ILO)

International Monetary Fund (IMF)

United Nations Children's Fund (UNICEF)

United Nations Conference on Trade and Development (UNCTAD)

United Nations Development Fund for Women (UNIFEM)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Environment Programme (UNEP)

United Nations Fund for International Partnerships (UNFIP)

United Nations International Drug Control Programme (UNDCP)

United Nations Population Fund (UNFPA)

World Bank

World Health Organization (WHO)

World Intellectual Property Organization (WIPO)

World Trade Organization